



**APPLICATION FOR PERMIT TO DISCHARGE  
(NDPDES) INDUSTRIAL-SHORT FORM C**  
NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF WATER QUALITY  
SFN 8319 (1-96)

**FOR DEPT USE ONLY**

Application Number

Date Received

Organization Responsible for Facility			
Individual Responsible for Discharge		Telephone Number	
Mailing Address	City	State	Zip Code
Brief description of nature of operations which produce the discharge			
Check all possible substances which discharge may contain: <input type="checkbox"/> Aluminum <input type="checkbox"/> Beryllium <input type="checkbox"/> Chromium <input type="checkbox"/> Cyanide <input type="checkbox"/> Mercury <input type="checkbox"/> Phenols <input type="checkbox"/> Zinc <input type="checkbox"/> Ammonia <input type="checkbox"/> Cadmium <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Nickel <input type="checkbox"/> Selenium <input type="checkbox"/> Other _____			

**METHOD OF TREATMENT IS TO ROUTE WATER TO:**

<input type="checkbox"/> Municipal Sewer System		Owner of System		If discharge is to a municipal sewer system, skip to signature area at bottom.
OR	<input type="checkbox"/> Evaporation Lagoon or Ponds	Number of Ponds	Size of Each (Acres)	
OR	<input type="checkbox"/> No Treatment, Goes to Surface Waters Directly	Name of Body of Water		
OR	<input type="checkbox"/> Other (Specify)			

Method of Treating Sanitary Wastes (if different from above)

**TYPE AND AMOUNT OF WASTEWATER DISCHARGED TO TREATMENT SYSTEM(S) OR WATER OF THE STATE**

☐ Sanitary Wastewater \_\_\_\_\_ gal/day    ☐ Cooling Water \_\_\_\_\_ gal/day    ☐ Hydrostatic Testing \_\_\_\_\_ gal/day  
☐ Process Water \_\_\_\_\_ gal/day    ☐ Surface Runoff Water    ☐ Other: Type \_\_\_\_\_ / \_\_\_\_\_ gal/day

Frequency of Discharge from Treatment Facility (if only certain months please indicate)

Number of Separate Discharge Points: ☐ 1    ☐ 2    ☐ 3    ☐ 4 or more

If more than one, attach sheet with locations and types of waters handled at each point.

<b>DISCHARGE POINT LOCATION</b>	Latitude 0                      I                      II			Longitude 0                      I                      II			County
	OR	1/4	1/4	Section	Township	Range	County

Provide a brief description of area to which treated discharge flows (i.e., river, unnamed stream, landlocked slough, lake, etc.). Use names whenever possible.

**CERTIFICATION:**

**RETURN COMPLETED APPLICATION TO:**

North Dakota Department of Health  
Division of Water Quality  
P.O. Box 5520  
Bismarck, ND 58506-5520  
Telephone: 701.328.5210

I certify I am familiar with NDCC 61-28-08 and with the information contained in this application. To the best of my knowledge and belief the information in this application is true, complete and accurate.

Name of Applicant	Title
Signature of Applicant	Application Date